Fill in this information t	o identify your case:	
Debtor 1	Haines C. Brown, IV	
Debtor 2 (Spouse, if filing)	Karyn P. Brown	
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number (If known)	16896	Check if this is:  ■ An amended filing
Official Form	<u>106I</u>	A supplement showing postpetition chapter 13 income as of the following date:  MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Logistics	care giver
	Include part-time, seasonal, or self-employed work.	Employer's name	NHT Logistics, Inc.	Country Meadows
	Occupation may include student or homemaker, if it applies.	Employer's address	340 S. Muddy Creek Rd. Denver, PA 17517	830 Cherry Drive Hershey, PA 17033
		How long employed to	here? 3 months	3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,687.50 \$ 2,290.71

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

## Case 19-16896-pmm Doc 42 Filed 11/18/20 Entered 11/18/20 13:57:20 Desc Main Document Page 2 of 4

Debt Debt		Haines C. Brown, IV Karyn P. Brown	-	Case	number (if known)	19-16	896			
				For	Debtor 1		Debtor filing s		se	
	Сор	by line 4 here	4.	\$	5,687.50	\$	_	,290.		
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,350.83	\$		399.	75	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$			.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$			.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$			.00	
	5e.	Insurance	5e.	\$	458.08	\$		0.	.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.	.00	
	5g.	Union dues	5g.	\$	0.00	\$		0.	.00	
	5h.	Other deductions. Specify:	_ 5h.+	- \$	0.00	+ \$		0.	.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,808.91	\$		399.	75	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,878.59	\$	1,	,890.	96	
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.	.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$			00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		0.	.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.	.00	
	8e.	Social Security	8e.	\$	0.00	\$		0.	.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.	.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		0.	.00	
	8h.	Other monthly income. Specify: anticipated tax refund	_ 8h.+	- \$_	100.00	+ \$		0.	.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	100.00	\$		(	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	;	3,978.59 + \$_	1,8	90.96	= \$	_	5,869.55
11.	Incluothe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•			∍ <i>J</i> . +\$		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaililies					12.	\$_		5,869.55
13.	Doy	you expect an increase or decrease within the year after you file this form	?				·	Con		ed income

☐ No.

Yes. Explain:

Debtor husband's indepdandant contractor commision will contractually end in December of 2020. Debtor husband is current looking is seeking employment and expexts to be employed in the next few months earning approximately \$4,700 net per month.

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Haines C. Brown, IV		Chec	k if this is:	
				An amended filing	
	ouse, if filing)  Karyn P. Brown		_	A supplement shown 13 expenses as of	wing postpetition chapter the following date:
Unit	red States Bankruptcy Court for the:EASTERN DISTRICT OF PENNS	YLVANIA	-	MM / DD / YYYY	
1	nown) 19-16896				
O.	fficial Form 106J				
S	chedule J: Your Expenses				12/1
Be info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this a mber (if known). Answer every question.				
Par	t 1: Describe Your Household Is this a joint case?				
1.	No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	■ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househo	old of Debt	or 2.	
2.					
۷.		Dependent's relations	shin to	Dependent's	Does dependent
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Debtor 1 or Debtor 2	silip to	age	live with you?
	Do not state the				□ No
	dependents names.	daughter		13	■ Yes
		son		17	□ No ■ Yes
					□ No
					☐ Yes
					□ No
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				☐ Yes
	t 2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.				
the	lude expenses paid for with non-cash government assistance it value of such assistance and have included it on Schedule I: Y			Your exp	enses
(0)	nciai Form 100i.)			· can exp	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		1,977.98
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	<ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>		4c. \$ 4d. \$		100.00 0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	4u. \$ 5. \$		0.00

## Case 19-16896-pmm Doc 42 Filed 11/18/20 Entered 11/18/20 13:57:20 Desc Main Document Page 4 of 4

Debi Debi	tor 1 tor 2	Haines C. Brown, IV Karyn P. Brown	Case num	ber (if known)	19-16896
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.		350.00
	6b.	Water, sewer, garbage collection	6b.	\$	225.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	350.00
	6d.	Other. Specify:	6d.		0.00
7.	Food	d and housekeeping supplies	7.	\$	950.00
8.	Child	dcare and children's education costs	8.	\$	50.00
9.		ning, laundry, and dry cleaning	9.	\$	150.00
10.	Pers	onal care products and services	10.	\$	65.00
11.	Medi	ical and dental expenses	11.	\$	250.00
	Do n	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	250.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insu	rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	·	0.00
	15b.	Health insurance	15b.	·	0.00
	15c.	Vehicle insurance	15c.	\$	120.00
		Other insurance. Specify:	15d.	\$	0.00
	Spec	·	16.	\$	0.00
17.		Illment or lease payments:	47-	r.	005 50
		Car payments for Vehicle 1	17a.	·	265.53
		Car payments for Vehicle 2	17b.	·	381.57
		Other. Specify:	17c.	·	0.00
		Other. Specify:	17d.	\$	0.00
	dedu	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
19.		r payments you make to support others who do not live with you.	40	\$	0.00
20	Spec		19.	Incomo	
20.		er real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
		Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.	·	0.00
		Homeowner's association or condominium dues	20u. 20e.	·	_
04					0.00
21.	Otne	r: Specify:	21.	+\$	0.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	5,560.08
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	5,560.08
23.	Calc	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,869.55
		Copy your monthly expenses from line 22c above.	23b.	-\$	5,560.08
					·
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	309.47
24.	For ex				ease or decrease because of a